# INDIANA MAGNETIC MEDIA FILING REQUIREMENTS W-2G and 1099R Reports IRS 1220 FORMAT

(Revised September 11, 2007)

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NOTE: Indiana accepts W-2G's and 1099R's on magnetic media in the IRS 1220 format. We prefer these reports on diskettes, CD's or 3480 or 3490 cartridges (E).

#### **Administrative Highlights**

#### **Important General Information:**

#### \* Programming Changes - Payer "A" Record

Three fields were deleted from the Payer 'A' Record and are no longer required. The deleted fields are **Original File Indicator** (position 48), **Replacement File Indicator**, (position 49), and **Correction File Indicator**, (position 50). Positions 48-50 are now blank.

### \* Programming Changes - Payee "B" Record

Form 1099-R, **Date of Designated Roth Contribution** (position 552-559), changed to **First Year of Designated Roth Contribution** (positions 552-555). Only the year of the first Roth Contribution is required not the complete date.

Form 1099R in the Special Data Entries (position 663-722) Indiana will be capturing county code associated with the Local Income Tax Withheld (position 735-746).

Form W-2G in the Special Data Entries (position 663-722) Indiana will be capturing county code associated with the Local Income Tax Withheld (position 735-746).

#### **INTRODUCTION:**

This document provides the specifications for filing magnetic media with the Indiana Department of Revenue for those from whom Indiana State or County taxes have been withheld.

However, if after reviewing this material you still have unanswered questions regarding the magnetic filing of W-2G reports and 1099R reports please contact the Indiana Department of Revenue at telephone number (317) 233-5656. You may also email your questions to <a href="mailto:IDORB2BSupport@dor.IN.gov">IDORB2BSupport@dor.IN.gov</a>, or you may write to the following address:

MAGNETIC FILING COORDINATOR INDIANA DEPARTMENT OF REVENUE 100 NORTH SENATE AVENUE N286 INDIANAPOLIS, IN 46204

The Indiana Department of Revenue accepts reports on 31/2 diskettes or CD's. Either may be 'zipped' for your convenience. We also accept 3480/3490E cartridges and they may be compressed if convenient. **Note - the Indiana Department of Revenue no longer accepts media filed on reel tapes.** If you currently file magnetic media with the Federal Government, we ask you to file magnetic media with the State with the appropriate tax withheld in the "K" record. Revenue does not process test tapes. We do not return magnetic media or notify when tapes have been processed.

Duplicate copies of the WH-3 reconciliation report must accompany all reporting in the same package with the W-2G's or 1099R's.

February 28th or 29th of the current year is the filing deadline for the previous years reporting. If that date falls on a weekend the filing deadline moves to the following working day. The postmark date is used to determine that the filing is on time.

A request for an extension to the filing deadline should be made in writing and the request should be sent to the following address:

Withholding Tax Section Indiana Department of Revenue 100 North Senate Avenue, N203 Indianapolis, IN 46204-2253

Withholding questions may be directed to the Withholding Tax Section at (317) 233-4016 from 8:00 A.M. to 4:30 P.M., Monday through Friday.

#### FILING REQUIREMENTS FOR MAGNETIC MEDIA REPORTS:

If a magnetic media cannot be processed it will be returned to the submitter who will be given fourteen(14) days to correct and return the report to the Indiana Department of Revenue.

An external label must be on each cartridge, CD or diskette submitted. Labels may be typed or handwritten, but should be legible and contain all of the information requested.

#### EXTERNAL LABEL FOR DISKETTES OR CD'S

File Name: W-2G REPORT or 1099R REPORT
State Taxpayer Identification Number (TID – 10 Digits)
Submitter or Company Name
Complete Mailing Address
Total Number of Diskettes or CD's.

#### EXTERNAL LABEL FOR CARTRIDGES – 3480 or 3490 (E)

State Taxpayer Identification Number (TID – 10 Digits)

Submitter or Company Name Complete Mailing Address

Record Length: 750

Block Size: 32250 (43 Logical records per block)

Note: Cartridges should be unlabeled.

Multiple-cartridge files are not accepted.

#### **MAILING ADDRESS:**

Completed packets containing the WH-3 Annual Reconciliation Form in duplicate and properly labeled magnetic media should be mailed to the following address. (Note - a label is included as part of the WH-3 Annual Reconciliation Form for the purpose of mailing magnetic media.)

INDIANA DEPARTMENT OF REVENUE ATTN: MAGNETIC FILING COORDINATOR P.O. BOX 6108 INDIANANPOLIS, IN 46206-6108

Indiana requires the T record, the A record, the B record and the F record. The others may be included but are not required.

#### **Sequence of Records in File**

"T" Record. Identifies the Transmitter. Must be the first record in the file.

"A" Record. Identifies the Payer making the payments. There may be several in the file.

**"B" Record.** Identifies the Payee and the amount paid. There is an individual "B" record for each payee for that Payer.

"F" Record. End of transmission record. The final record in each file.

#### **IRS 1220 FORMAT**

	Transmitter "T" Record				
Position	Field Title	Length	Required	Field Description	
1	Record Type	1	Y	Enter "T".	
2-5	Payment Year	4	Y	Enter tax year unless	
				reporting a prior year,	
				then enter that year	
6	Prior Year Indicator	1	Y	Enter "P" only if	
				reporting prior year,	
				otherwise leave blank.	
7-15	Transmitter's TIN	9		Enter 9 digit TIN.	
				May be EIN or SSN	
16 - 20	Transmitter's Control Code	5	Y	Enter control code	
				assigned by IRS/ECC-	
				MTB	
21-27	Blank	7		Enter blanks.	
28	Test File Indicator	1		Indiana does not accept	
				test files therefore leave	
20		1		blank.	
29	Foreign Entity Indicator	1		Enter "1" if Foreign	
20.60	The second the second	40	Y	entity or leave blank.	
30-69	Transmitter Name	40	Ĭ I	Enter Transmitter name.	
				Left-justify and fill with blanks	
70-109	Transmitter Name	40		Use if necessary.	
70-107	(Continuation)	70		Ose if necessary.	
110-149	Company Name	40	Y	Name of company	
	Company Nume			associated	
				with the address where	
				correspondence is to be	
				sent.	
150–189	Company Name	40		Continuation. Use if	
	-			needed	
190-229	Company Mailing Address	40		Address where mail is	
				sent.*	
				* This should be same	
				address as in box 5 of	
				form 4804.	

For U.S. addresses, the payer city, state, and ZIP Code must be reported as a 40, 2, and 9-position field, respectively. Filers must adhere to the correct format for the payer city, state, and ZIP Code.

**For foreign addresses,** filers may use the payer city, state, and ZIP Code as a continuous 51-position field. Enter information in the following order: city, province or state, postal code, and

		tter "T" Red		
Position	Field Title	Length	Required	Field Description
	of the country. When reporting a fo	oreign addres	ss, the Foreig	n Entity Indicator in
	must contain a "1" (one).	40	37	Enter News - Calter
230-269	Company City	40	Y	Enter Name of city
270-271	Company State	2	ĭ	Enter valid U.S. Postal abbreviation.
272-280	Company Zip Code	9	Y	Enter zip code. Left justify and fill with blanks if only 5 digits.
281-295	Blank	15		Enter blanks
296-303	Total Payees	8		Enter total number of <b>B</b> records. Right justify and zero fill.
304-343	Contact Name	40	Y	Enter name of person to be contacted if problems in file.
344-358	Contact Phone and Ext.	15	Y	Enter phone number and extension. No hyphens. Left justify and blank fill if no extension.
359-408	Contact Email Address	50		Enter email address or leave blank if none. Left justify.
409-410	Cartridge Tape Indicator	2		Required for tape cartridge filers only. Enter "LS" or leave blank.
411-416	Transmitter's Media Number	6		Magnetic Media users only. Enter in-house number or leave blank.
417-499	Blank	83		Enter blanks
500-507	Record Sequence Number	8	Y	Enter sequence number of each record in file.  Record T = 00000001.
508-517	Blank	10		Enter blanks.
518	Vendor Indicator	1	Y	"V" if provided by vendor. "I" if produced in-house.
519-558	Vendor Name	40		Complete if position 518 = "V" - Name of vendor
559-598	Vendor Mailing Address	40		Complete if position 518 = "V" – Address
	Idresses, the vendor city, state, an ld, respectively. Filers must adher			ted as a 40, 2, and 9-
599-638	Vendor City	40		Complete if position 518 = "V" - City of vendor

	Transmitter "T" Record					
Position	Field Title	Length	Required	Field Description		
639-640	Vendor State	2		Complete if position 518 = "V" - Standard Postal abbreviation		
641-649	Vendor Zip Code	9		Complete if position 518 = "V" - Enter zip code. Left justify and enter blanks if five.		
650-689	Vendor Contact Name	40		Complete if position 518 = "V" - Enter name of person to contact if question		
690 – 704	Vendor Contact Phone and Extension	15		Complete if position 518 = "V" - Enter phone and extension if any. No hyphens. Left justify and fill with blanks.		
705-739	Blank	35		Enter Blanks		
740	Vendor Foreign Indicator	1		Complete if position 518 = "V" - Enter "1" if foreign, or else blanks		
741-748	Blank	8		Enter blanks.		
749-750	Blank	2		Enter blanks or CR/LF.		

	Payer "A" Record					
Position	Field Title	Length	Required	Field Description		
1	Record Type	1	Y	Enter "A".		
2-5	Payment Year	4	Y	Enter tax year		
6-11	Blanks	6		Enter blanks		
12-20	Payer's Taxpayer ID No	9		Enter valid EIN or SSN. No blanks, hyphens or alpha.		
21-24	Payer Name Control	4	Y	Enter the first four characters of the company name (omit "The" unless only two words). Only dash and ampersand accepted.		
25	Last Filing Indicator	1		Enter a "1" (one) if this is the last year this payer name and TIN will file information returns electronically, magnetically or on		

	Payer "A" Record					
Position	Field Title	Length	Required	Field Description		
				paper; otherwise, enter a blank.		
26	Combined Fed/State Filer	1		Enter "1" if		
				participating, or blank		
27	Type of Return	1	Y	Form Code 1098 3		
	** Indicates the type of returns used by Indiana			1098-C X   1098-E 2		
	Revenue			1098-T 8 1099-A 4		
				1099-B B 1099-C 5		
				1099-CAP P		
				1099-G F		
				1099-H J 1099-INT 6		
				1099LTC T 1099-MISC A		
				1099-OID D		
				1099-PATR 7 1099Q Q		
				1099-R** 9 1099-S S		
				1099-SA M 5498 L		
				5498-ESA V		
				5498-SA K W-2G** W		
28-41	Amount Codes		Y	1099R 1 = Gross distribution		
	* Enter only the Type Codes for the type of return			2 = Taxable amount		
	included for this "A" record and for Revenue use.			3 = Capital gain 4 = Federal tax withheld		
				5 = Employee contributions or		
				insurance premiums 6 = Net unrealized		
				appreciation		
				in employer's securities 8 = Other		
				9 = Total employee contributions		
				A = IRA/SEP/SIMPLE distribution or Roth		
				conversion		

	Payer "A" Record				
Position	Field Title	Length	Required	Field Description	
				W-2G 1 = Gross winnings 2 = Federal tax withheld 7 = Winnings from identical wagers	
42-51	Blanks	10		Enter blanks	
52	Foreign Entity Indicator	1		Enter "1" if foreign entity payment to a U. S. resident or blank.	
53-92	First Payer Name Line	40		Enter name of payer whose TIN is 12 – 20 of the " <b>A</b> " record.	
93-132	Second Payer Name Line	40		Enter the name of the Transfer Agent If position 133 is zero enter blanks.	
133	Transfer Agent Indicator	1		Enter "1" if transfer agent is used else enter zero if not	
134-173	Payer Shipping Address	40		Enter shipping address, left justify and blank fill.	

For U.S. addresses, the payer city, state, and ZIP Code must be reported as a 40, 2, and 9-position field, respectively.

Filers must adhere to the correct format for the payer city, state, and ZIP Code.

For foreign addresses, filers may use the payer city, state, and ZIP Code as a continuous 51-position field. Enter information in the following order: city, province or state, postal code, and the name of the country. When reporting a foreign address, the Foreign Entity Indicator in position 52 must contain a "1" (one).

174-213	Payer City	40		Enter city, left justify and blank fill.
214-215	Payer State	2		Enter valid Postal abbreviations.
216-224	Payer Zip Code	9		Enter valid 9-digit zip code, if only 1st five left justify and blank fill.
225-239	Payer Phone and Extension	15		Enter phone number and extension Omit hyphens. Left justify and blank fill if no extension.
240-499	Blank	260		Enter blank
500 – 507	Record Sequence Number	8	Y	Enter the next number of the record as it appears in your file. "A" record = 00000002

Payer "A" Record				
Position	Field Title	Length	Required	Field Description
508 -748	Blank	241		Enter blanks
749-750	Blank	2		Enter blanks or CR.LF

	Pave	r "B" Record	d	
Position	Field Title	Length	Required	Field Description
1	Record Type	1	Y	Enter "B".
2-5	Payment Year	4	Y	Enter tax year unless
				reporting a prior year,
				then enter that year
6	Corrected Return Indicator	1		Enter "G" if the first of a
				two record file. Enter
				"C" if this is the second
				of a two record file.
				Enter blank if these
				records have not been sent.
7-10	Name Control	4		Enter the first four
				characters of the last
				name of the payee.
				(Positions 12-20 of <b>B</b>
				record). Otherwise, enter
				blanks.
11	Type of Taxpayer ID	1		1 = EIN
				2 = SSN
				2 = ITIN
				2 = ATIN
				Blank = $N/A$
12-20	Payee's TIN	9	Y	Enter 9 digit
				identification number.
				SSN, ITIN, ATIN or
				EIN. If applied for but
				not received, enter
21.40		20		blanks.
21-40	Payer's Account Number for	20		Enter any number
	Payee			assigned by the Payer to
				the payee that is unique
				to the particular
41 44	Described Control	A		information return.
41-44	Payer's Office Code	4		Enter location code of
				payer if any or else enter
				blanks
45 – 54	Blank	10		Enter blanks

	Payer "B" Record						
Position	Field Title	Length		Field Description			
decimal po	Amount Payment Fields. Must be numeric, right justified with 2 decimal positions. Do not enter decimal points or commas. Plus or minus signs must be in the left most position. Zero fill to the left. All payment amounts must be allowed for; those not used are to be zero filled.						
55-66	Payment Amount #1	12		Payments for Amount Code 1 in "A" record.			
67-78	Payment Amount #2	12		Payments for Amount Code 2 in "A" record.			
79–90	Payment Amount #3	12		Payments for Amount Code 3 in "A" record.			
91–102	Payment Amount #4	12		Payments for Amount Code 4 in "A" record.			
103–114	Payment Amount #5	12		Payments for Amount Code 5 in "A" record.			
115-126	Payment Amount #6	12		Payments for Amount Code 6 in "A" record.			
127–138	Payment Amount #7	12		Payments for Amount Code 7 in "A" record.			
139–150	Payment Amount #8	12		Payments for Amount Code 8 in "A" record.			
151-162	Payment Amount #9	12		Payments for Amount Code 9 in "A" record.			
163-174	Payment Amount #A	12		Payments for Amount Code A in "A" record.			
175-186	Payment Amount #B	12		Payments for Amount Code B in "A" record.			
187-198	Payment Amount #C	12		Payments for Amount Code C in "A" record.			
199-210	Payment Amount #D	12		Payments for Amount Code D in "A" record.			
211-222	Payment Amount #E	12		Payments for Amount Code E in "A" record.			
223-246	Reserved	24		Enter blanks			
247	Foreign Entity Indicator	1		Enter "1" if address of payee is in a foreign else blank.			
248-287	First Payee Name Line	40		Enter name of payee whose TIN is 12 – 20 of the " <b>B</b> " record.			
288-327	Second Payee Name Line	40		If multiple payees, use for those whose ID is not in 12 -20 of <b>B</b> record			
328-367	Blank	40		Enter blanks			
368-407	Payee Mailing Address	40	Y	Enter mailing address of payee. Left justify and blank fill.			

	Payer "B" Record					
Position	Field Title	Length	Required	Field Description		
408-447	Blank	40		Enter blanks		
448–487	Payee City	40	Y	Enter the city or Post Office used. Left justify and blank fill.		
488-489	Payee State	2	Y	Enter valid Post Office abbreviation.		
490-498	Payee Zip Code	9	Y	Enter zip code. Left justify and zero fill if less than 9.		
499	Blank	1		Enter blank		
500-507	Record Sequence Number	8		Enter the next sequential number. The first <b>B</b> record would be 00000003. Each B would be the next number.		
508-543	Blank	36		Enter blanks		
T	he following sections define field	ld positions for	the different	types of returns.		
544-750	See the record definition based upon the form type					

	Payer "B" Record for 1009R					
Position	Field Title	Length	Required	Field Description		
544	Blank	1		Enter blanks		
545-546	Distribution Code	2	Y	If only one code use		
				545, if more than one		
				use codes from matrix		
				in 1099R in 546.		
				Code Category		
				1 Early Distribution		
				2 Early Distribution,		
				Exception		
				3 Disability		
				4 Death		
				5 Prohibited		
				Transaction		
				6 Section 1035		
				Exchange		
				7 Normal		
				Distribution		
				8 Excess		
				Contributions		
				9 Cost of Life		
				Insurance		

	Payer "B" Record for 1009R				
Position	Field Title	Length	Required	Field Description	
Tostion		Dengin	Required	A Eligible for 10-yr. tax option B Designated Roth account distribution. D Excess Contribution plus earnings E Excess additions	
				under 415 F Charitable gift annuity G Direct rollover J Early Roth distribution L Loans as distribution N Recharacterized IRA contribution P Excess contributions for prior year Q Qualified Roth distribution	
				R Recharacterized IRA for prior year S Early distribution for Simple IRA T Roth IRA distribution with exception	
	porting traditional IRA, SEP, SI	MPLE distribu	tion or a Ro	th conversion, use an	
547	f "1" in 548 of payee "B"  Taxable Amount Not  Determine Indicator	1		Enter "1" if taxable amount cannot computed, else leave blank.	
548	IRA/SEP/SIMPLE indicator	1		Enter "1" if traditional IRA, SEP, SIMPLE distribution or Roth Conversion.	
549	Total Distribution Indicator	1		Enter "1" only if the distribution closed the account, else leave blank.	
550–551	Percentage of Total	2		Use this field only if	

	Payer "B" Record for 1009R				
Position	Field Title	Length	Required	Field Description	
	Distribution			distribution is to more	
				than one person. Enter	
				the percentage of person	
				whose TIN is in $12 - 20$	
				of the <b>B</b> record. Right	
				justify and zero fill.	
				Leave blank if not	
				applicable.	
552-555	1 <sup>st</sup> Year of Designated Roth	4		Enter <b>year</b> of 1 <sup>st</sup> Roth	
	Contribution			Contribution	
556–662	Blank	107		Enter blanks	
	ions 663-722 The next 60 positi				
	field to capture the county code o	associated with	the Local In	come Tax Withheld in	
position 73			1		
663-664	County Code	2		Enter the appropriate	
				county code from	
				Appendix B	
665-722	Blanks	58		Enter Blanks	
723–734	State Income Tax Withheld	12		Enter Income Tax	
				withheld. Right-	
				justify and zero fill. 2	
				decimals.	
735-746	Local Income Tax Withheld	12		Enter county tax	
				withheld. Right justify	
				and zero fill.2 decimals.	
747–748	Combined Fed/State Code	2		Enter "18" for Indiana.	

	Payer "B" Record for W2-G					
Position	Field Title	Length	Required	Field Description		
544	Blank	3		Enter blanks		
	Type of Wager Code	1	Y	Enter applicable type of wager.  Code Category Horse Track or Off Track Betting of horse track nature. Dog Track or Off Track Betting of dog track nature. Jai-alai State-conducted Lottery Keno		

Enter blanks or CR/LF.

749-750

Blank

Payer "B" Record for W2-G				
Position	Field Title	Length	Required	Field Description
				<ul><li>6 Bingo</li><li>7 Slot Machines</li><li>8 Any other type of gambling winnings</li></ul>
548–555	Date Won	8	Y	Enter the date of the winning transaction as YYYYMMDD. This is not date of payment if payment is later.
556–570	Transaction	15	Y	If Lottery enter ticket number, if keno, bingo and slots enter ticket, card number or machine serial no. For all else enter blanks.
571-575	Race	5		Enter race or game for ticket or else enter blank
576-580	Cashier	5		Enter initials or number of cashier otherwise enter blanks.
581–585	Window	5		Enter the window number or location of person making the winning payment or enter blanks.
586-600	First ID	15		For other than state lotteries enter the first ID of the winning person otherwise enter blanks.
601-615	Second ID	15		For other than state lotteries enter the second ID of the winning person otherwise enter blanks.
616–662	Blank	47		Enter blanks
Note: positions 663-722 The next 60 positions are Special Data Entries for the states. Indiana uses these field to capture the county code associated with the Local Income Tax Withheld in position 735-746.				•
663-664	County Code	2		Enter the appropriate county code from Appendix B
665-722	Blanks	58		Enter Blanks
723-734	State Income Tax Withheld	12		Enter Income Tax withheld. Right justify and zero fill. 2

Payer "B" Record for W2-G					
Position	Field Title	Length	Required	Field Description	
				decimals.	
735-746	Local Income Tax Withheld	12		Enter county tax withheld. Right justify and zero fill. 2 decimals.	
747-748	Blank	2		Enter blanks	
749-750	Blank	2		Enter blanks or CR/LF.	

	End of Payer "C" Record				
Position	Field Title	Length	Required	Field Description	
1	Record Type	1	Y	Enter "C".	
2–9	Number of Payees	8		Enter the total number	
				of "B" records covered	
				by the preceding "A"	
				record. Right justify and	
				Fill with zeros.	
10-15	Blank	6		Enter blanks	
total fields of zero filled.	e totals of any payment amount for the "C" record. Right justify Use 2 decimals.	and zero fill.			
16–33	Control Total 1	18			
34–51	Control Total 2	18			
52–69	Control Total 3	18			
70–87	Control Total 4	18			
88–105	Control Total 5	18			
106–123	Control Total 6	18			
124–141	Control Total 7	18			
142–159	Control Total 8	18			
160–177	Control Total 9	18			
178–195	Control Total A	18			
196–213	Control Total B	18			
214–231	Control Total C	18			
232–249	Control Total D	18			
250–267	Control Total E	18			
268–499	Blanks	232		Enter blanks	
500-507	Record Sequence Number	8		Enter next sequential number. Right-Justify w/leading zeros in the field.	
508–748	Blank	241		Enter blanks.	
749-750	Blank	2		Enter blanks or CR/LF	

State totals for Forms 1099R and W-2G's.

	End of Payer "K" Record				
Position	Field Title	Length	Required	Field Description	
1	Record Type	1	Y	Enter "K".	
2–9	Number of Payees	8		Enter the total number	
				of "B" records being	
				coded for this state.	
				Right justify and fill	
10.15	D1 1			with zeros.	
10-15	Blank	6		Enter blanks	
into the app	e totals of any payment amount propriate control total fields of that al fields must be zero filled. All	he " <b>K</b> " record.	Right justify		
16–33	Control Total 1	18			
34–51	Control Total 2	18			
52-69	Control Total 3	18			
70–87	Control Total 4	18			
88-105	Control Total 5	18			
106-123	Control Total 6	18			
124–141	Control Total 7	18			
142-159	Control Total 8	18			
160-177	Control Total 9	18			
178–195	Control Total A	18			
196–213	Control Total B	18			
214-231	Control Total C	18			
232-249	Control Total D	18			
250-267	Control Total E	18			
268–499	Blanks	232		Enter blanks	
500-507	Record Sequence Number	8		Enter next sequential number. Right-justify w/leading zeros in the field.	
508-706	Blank	199		Enter blanks.	
707-724	Indiana State Income Tax Withheld	18		Enter Income Tax withheld. Right-justify and zero fill. 2 decimals.	
725-742	Indiana Local Income Tax Withheld	18		Enter county tax withheld. Right-justify and zero fill. 2 decimals.	
743-746	Blank	4		Enter blanks	
747-748	Combined Fed/State Code	2		Enter "18" for Indiana.	
749-750	Blank	2		Enter blanks or CR/LF	

	End of Transmission "F" Record				
Position	Field Title	Length	Required	Field Description	
1	Record Type	1	Y	Enter "F".	
2-9	Number of "A" records	8		nter the total number of "A" records in the entire file. Right-justify and zero fill.	
10-30	Zero	21		Enter zeros	
31-49	Blank	19		Enter blanks	
50-57	Total number of Payees	8		Enter the total number of Payee " <b>B</b> " records reported in the file. Right-justify and zero fill.	
58 – 499	Blank	241		Enter blanks	
500 – 507	Record Sequence Number	8		Enter next sequential number. Right-Justify w/leading zeros in the field.	
508-748	Blanks	241		Enter blanks	
749-750	Blank	2		Enter blanks or CR/LF	

## APPENDIX A - POSTAL ABBREVIATIONS AND NUMERIC CODES

A	BBR.	_		ABBR.	_
ALABAMA ALASKA ARIZONA CALIFORNIA COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA HAWAII IDAHO ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN MINNESOTA MISSISSIPPI MISSOURI	AKZAOTEC HIDILINA SY AEDA MINSO	01 02 04 06 08 09 10 11 12 13 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	MONTANA NEBRASKA NEVADA NEW HAMPSHIRE NEW JERSEY NEW MEXICO NEW YORK NORTH CAROLINA NORTH DAKOTA OHIO OKLAHOMA OREGON PENNSYLVANIA RHODE ISLAND SOUTH CAROLINA TENNESSEE TEXAS UTAH VERMONT VIRGINIA WASHINGTON WEST VIRGINIA WISCONSIN WYOMING	MT NE NH NH NH NH NH NH NH NH NH NH NH NH NH	30 31 32 33 34 35 36 37 38 39 40 41 42 44 45 47 48 49 50 51 53 54 55 56
TERRITORIES AND POSSESS	IONS		CANADIAN PRO	VICES	
AMERICAN SAMOA CANAL ZONE FED STATES OF MICRONESIA GUAM MARIANAS ISLANDS MARSHALL ISLANDS PUERTO RICO PALAU VIRGIN ISLANDS	AS C: FI G CI M PI VI	Z M U M H R W	ALBERTA BRITISH COLUMBIA MANITOBA NEW BRUNSWICK NEWFOUNDLAND/LAE NORTHWEST TERRITO NOVA SCOTIA NUNAVUT ONTARIO PRINCE EDWARD ISLA PROVINCE OF QUEBE SASKATCHEWAN YUKON TERRITORY	ORIES AND	AB BC MB NB NL NT NS NU ON PE QC SK YT

#### **APPENDIX B – Indiana County Codes**

 APPENDIX B - Indiana County Codes

 01 ADAMS
 47 LAWRENCE

 02 ALLEN
 48 MADISON

 03 BARTHOLOMEW
 49 MARION

 04 BENTON
 50 MARSHALL

 05 BLACKFORD
 51 MARTIN

 06 BOONE
 52 MIAMI

 07 BROWN
 53 MONROE

 08 CARROLL
 54 MONTGOMERY

 09 CASS
 55 MORGAN

 10 C LARK
 56 NEWTON

 11 CLAY
 57 NOBLE

 12 CLINTON
 58 OHIO

 13 CRAWFORD
 59 ORANGE

 14 DAVIESS
 60 OWEN

 15 DEARBORN
 61 PARKE

 16 DECATUR
 62 PERRY

 17 DEKALB
 63 PIKE

 18 DELAWARE
 64 PORTER

 19 DUBOIS
 65 POSEY

 20 ELKHART
 66 PULASKI

 21 FAYETTE
 67 PUTNAM

 22 FLOYD
 68 RANDOLPH

 23 FOUNTAIN
 69 RIPLEY

 24 FRANKLIN
 70 RUSH

 25 FULTON
 71 ST. JOSEPH

 26 GIBSON
 72 SCOTT

 27 GRANT
 73 SHELBY</t

o4 VIGO
85 WABASH
40 JENNINGS
86 WARREN
41 JOHNSON
87 WARRICK
42 KNOX
88 WASHINGTON
43 KOSCIUSCO
89 WAYNE
44 LAGRANGE
90 WELLS
45 LAKE
91 WHITE